

NAME CYPRUS THOMPSON CREEK MINES
 ADDRESS P.O. BOX 62
CLAYTON ID 82227
 FACILITY
 LOCATION A.R. JACOBS
 ATTENTION M. D. MARTIN, GEN'L MGR.

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ID 0025402
 PERMIT NUMBER

DISCHARGE NUMBER
002 A

F - FINAL

DISCHARGE TO PAT HUGHES CREEK

APPROVAL EXPIRES 9-30-85

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01		84	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		7.44	*****	7.90			
0400 .1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
EFFLUENT GROSS VALUE				*****	*****	*****	*****			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	1.8	3.0			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
0530 1 0				*****	*****	*****	*****			
EFFLUENT GROSS VALUE				*****	*****	*****	*****			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	.006	.006		*****	*****	*****			
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
0050 1 0				*****	*****	*****	*****			
EFFLUENT GROSS VALUE				*****	*****	*****	*****			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. R. Jacobs
General Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
A. R. Jacobs

TELEPHONE		DATE		
208	838-2200	86	03	10
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

DISCHARGE MONITORING REPORT (DMR)

DMR NO. 2090-0004
Approval expires 9-30-85

NAME CYPRUS THOMPSON CREEK MINES
ADDRESS P.O. BOX 162
CLAYTON IO 82227
FACILITY _____
LOCATION _____
ATTN: MR. J. MARTIN, GEN'L MGR.

(2-16) 100025402
PERMIT NUMBER

(17-19) 001 A
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	86	02	01		86	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL
DISCHARGE TO BUCKSKIN CREEK
MAJOR (SU88 03)
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		0	*****	0		0		
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	5.5 MINIMUM	*****	5.0 MAXIMUM	SIL		WEEKLY	CRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0		
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	20 DAILY	30 DAILY	MG/L		WEEKLY	CRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0	0		*****	*****	*****		0		
50050 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. R. Jacobs General Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>A. R. Jacobs</i>	TELEPHONE		DATE		
			208 AREA CODE	838-2200 NUMBER	86 YEAR	03 MO	10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

NO DISCHARGE

A Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00053/102985-1246 PAGE 1 OF 1